# *Rhode Island Behavioral Health, Development Disabilities and Hospitals (BHDDH)*
# *Certified Community Behavioral Health Clinics (CCBHC) Advisory Group*
## *Public Meeting Minutes*

**Meeting Date & Start Time: September 28, 2016 – 2:00 PM** **End Time: 3:30 PM**

**Location: HP Conference Room, Metro Center Blvd, Warwick, RI**

| MEETING INFORMATION |
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| **Meeting Purpose/Objective:**<br>• Review of the CCBHC Planning Process<br>• CCBHC Advisory Group Discussion on what went well, what needs improvement, and what is next for the group.<br><br>Advisory Group Agenda - CCBHC 20 |

| ATTENDEES | |
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| **Facilitator** - Ann Detrick, BHDDH | **Scribe –** Seth Peters, UMass |
| Jason Lyon, EOHHS<br>Robert Cole, HHP<br>Richard Leclerc, Gateway<br>Dave Lauterbach, Kent Center<br>MaryAnn Ciano, DEA<br>Susan Bruce, Optum<br>Elisabeth Kornblee, Kent Ctr<br>Lou Cerbo, DOC<br>Wendy Phillips, FSRI<br>Amy Chirichetti, Optum<br>Judy Fox, BHDDH | Dan McCarthy, MHA<br>Jeff Walter, TAC<br>Joanne Kalp, UMass Medical School<br>Richard Sabo, BHDDH |

| | Statement/Owner | | Comments | |
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| | Ann Detrick, BHDDH Facilitator | | Welcome & Introductions<br><br>Review/Approval of minutes:<br><br>• The CCBHC Checklist was sent along with the minutes. In this regard, Dan McCarthy asked, "Does BHDDH have the capacity to monitor this process? This is a large task. Can BHDDH handle it?"<br>• The group engaged in some discussion around BHDDH's capacity and ideas about how BHDDH could take on the certification/review process for CCBHC's.<br>• The CCBHC Advisory group approved the minutes from September 14, 2016 | |

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| | | | Announcements:<br><br>• Ann Detrick announced that of the four participating Centers (Community Care Alliance; Gateway; Kent; Newport) each has been found eligible to serve as a CCBHC, starting July 1, 2017. If Rhode Island is awarded the two-year CCBHC demonstration grant, Centers will be required to complete any remaining CCBHC planning activities by that date. She explained the scoring process: a "1" is the top score with all components complete; a "2" meaning the Center has a plan in place; or a "3" meaning the Center has to do some work. Ann reported the average score across the board was between a 1 and a 2.<br>• Ann described the certification process and the group engaged in a discussion about it.. Richard Sabo mentioned that it was very positive for BHDDH to go through the process. The Centers reported they felt it was a good experience/process from their perspective as well, and may be an effective way to begin rebuilding the Centers' capabilities to their former status as well as defining what their roles in the health care system should be. The group also discussed the process and status of certification in States other than Rhode Island.<br>• Jeff updated his presentation from the last meeting. He reviewed the methodology for calculating quality bonus payments and gave an overview of the measures to be included for years 1 and 2. He also reported that the State has been meeting with Center representatives to discuss the data collection and calculations of baselines. During Demonstration Year 1, baseline data needs to be collected in a way that meets the Centers for Medicare and Medicaid (CMS)S requirements and can be used for comparison in subsequent years. Jeff relayed that the quality bonus target would be a 5% improvement above baseline. The bonus payments will be distributed proportionately in relation to size of the Centers.<br>• Ann announced that there will be no CCBHC Advisory Committee Meeting on October 12th. The last meeting will be on October 26th. | |
| | Ann Detrick<br><br>Facilitated Discussion:<br><br>Debrief of the CCBHC Planning Process | | **<u>Group Discussion:</u>**<br>Ann Detrick facilitated a debriefing discussion of the planning year for CCBHCs. She relayed that BHDDH's intention was to convene a diverse group of people to advise BHDDH during the CCBHC planning process. She thanked everyone for their participation and requested feedback on the CCBHC effort of the past year. She asked the group the following<br><br>• *What worked well?*<br>• *What could have been improved?*<br>• *What surprised you?*<br>• *What service system changes should be priorities, regardless of Demonstration Grant Award outcome?*<br>• *How can local community representation and input on behavioral health issues be fostered into the future?*<br><br>The group provided the following responses: | |

- Dave Lauterbach, Kent Center, observed that the planning process provided an opportunity for the Centers, BHDDH, and community representatives to have high-level discussion, which has not happened routinely in recent years. Previously, the group had rich conversations like those experienced during the CCBHC planning process; it was good to once again have these discussions and level of transparency.
- Liz Kornblee, Kent Center, asked if a decision had been made on mobile crisis services. Ann answered that the state's proposed approach had been vetted in the previous meeting but there is no additional information at this time. The group discussed the history, and advantages and disadvantages of, centralization vs. decentralization of crisis services. Ann shared that the CCBHC Demonstration application is due October 31 and would contain the plan for mobile crisis services.
- The group asked to view the application after it is submitted. After discussion, they agreed it would be a public document and available to all.
- Lou Cerbo from the Department of Corrections expressed appreciation for being included in the process. He indicated that it was valuable to have been heard during the planning, given the large. behavioral health population in the DOC system.
- The group agreed that it is important to ensure that community voices from across Rhode Island can be included in venues and processes such as this.
- Dan McCarthy, Mental Health Association, inquired if there will be any opportunity for decision making Boards at the local level. Ann reported that certification as a CCBHC requires local boards have at least 51% consumer/family participation. . The exchange led to a brief group discussion regarding Boards.
- Dave Lauterbach also observed that Community Mental Health Clinics (CMHC), when they first emerged, created excitement across state. Now the CCBHC planning process is generating excitement; we need to take advantage of this momentum.
- Rich Leclerc noted that the CCBHC planning seems to have a solid understanding on policy issues, but discussions about cumbersome billing systems, have been too detailed.. The group needs to lift that conversation back up. It is important to solicit feedback from providers and payers in order to facilitate updates to CCBHC planning.
- The group's consensus was that the CCBHC planning process shouldn't just shut down if Rhode Island fails to receive the demonstration award. One of the most valuable, important experiences from the process was engaging the community and having the discussions.
- Community oriented leadership made huge strides in the past, Dan noted, and he emphasized this as an important foundation for developing a strong mental health and substance abuse system in the future.
- MaryAnn Ciano, DEA, observed that elder services do not seem to be a priority; older adults seem to be forgotten in relation to mental health. The needs of an aging population are not being met. She added that past improvements regarding elder services are related to previous mental health legislation which required a mental health professional on site in elder centers.
- Rhode Island has new initiatives in process to teach and train peers about advocacy, ways to deliver services and create a future impact. Peers give the consumer a voice and help them become the focus of

treatment, shared Judy Fox.

- An attendee noted that dealing with each of the insurance companies is cumbersome; the companies have different policies, reimbursement procedures, and don't seem to understand the patient population. Would it be better to have one standard and all payers with follow the same process? Consistency across the board would make it easier for providers and payers alike. Currently in Rhode Island Medicaid has 3 payers and in the future there may be more. Susan Bruce, Optum, shared that she understood the frustration expressed, and agreed that consistency would help to simplify the process.
- Bob Cole noted that waves of different policies and initiatives have come over the past 50 years. Over the past 15 years the wave has been transferring the power of the Mental Health Clinic to the Primary Care Provider (PCP), which may be an advantage in the future.
- He went on to observe the potential benefits of moving to a Single payer system. CCBHC legislation is great; it is the only legislation in about 50 years created for the purpose of the prepaid rate. These dynamics are important to understand (as experiences) to chart the course for healthcare services.
- Richard Sabo noted the need for a framework as a foundation to brainstorm the process (e.g.. Medical care has primary, secondary, tertiary care). Behavioral Health needs to follow suit to provide an appropriate level care according to the needs of individuals.
- Dave Lauterbach shared that results from the needs assessment made it clear that people in community are not aware of what is being done in the Kent Center (as a specific example) The CMHCs need to do a better job of educating the community about their resources as well as ways to use them. The group would like to see the State dedicate some funds toward public education and take on more of a role to educate providers and community members alike.
- Judy Fox noted that SAMHSA and the State have anti-stigma education tools and information available on line; anyone can use it for local education.
- The group reiterated the need for members to leverage the momentum of the CCBHC planning process, regardless of outcome of the application next month.
- Lou Cerbo observed that we need to be able to advertise and gain more positive media attention. Currently, every time the media addresses mental or behavioral health topics, it is in regard to tragedy or mass shootings. We do not see positive stories or outcomes related to these issues. The stigma is there because we often hear fear or anxiety related to behavioral health. He followed up with an observation that sometimes medication prescribing is not done as well as it should be (e.g., PCPs may not have enough knowledge of behavioral health conditions and how to prescribe medications.). Ann noted that the Child Psychiatric Access project is starting soon. Pediatric primary care providers will be able to receive telephonic consultations from an experienced child psychiatrist
- The group agreed Rhode Island needs more psychiatric h providers/prescribers in the State. Some psychiatrists do not accept private insurance, and in those cases, people must pay out of their own pockets to receive care from these practitioners. Many people cannot afford to do that.
- Dan McCarthy added that, overall, private and public payers' reimbursement rates for mental health

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| | | | professionals are too low.<br>• There was a suggestion that the physician's assistant training program for psychiatric/behavioral health be established in the state. Nurse practitioners can prescribe medications, so a greater focus on behavioral health training for these individuals would also be of value. Rich Leclerc observed the workforce issue needs to be evaluated. There needs to be a long-term plan at both the state and federal levels. The group suggested there was a need for common Interstate practices.<br>• Rich went on to ask how CCBHCs, which are geographic and community based, would work with Healthcare plans, given the plans' focus on value-based purchasing and risk sharing. Their "community" is their members, not a geographic area.<br>• There was an observation that ACOs may not be working as well as had been hoped; some providers are exiting Medicare ACOs.<br>• The group discussed overlapping areas/connections between CCBHC and the State Innovation Model Test Grant (SIM). | |
| | Ann Detrick<br><br>Closing Remarks | | Closing Remarks:<br><br>• Ann thanked everyone for their participation throughout the process and concluded the meeting.<br>• The next CCBHC Advisory Group meeting will not be held on October 26 as previously scheduled. We will update you as soon as possible with the new date.. | |